

## Editorial Article

# Homeless: A high risk group for the public health

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**H**omelessness is a major social and public health problem affecting both developed and developing countries. Homelessness is defined as the conditions that contribute to the absence of customary access to a conventional residence or dwelling. Available estimates suggest that the number of homeless people is growing rapidly. In this regard, it is estimated that more than 100 million of persons worldwide experience homelessness and live in shelters, parks or vehicles<sup>1,2</sup>. Homelessness is being increased overtime and is associated with dire implications for public health and thus for health care systems.

Several studies have been conducted so far in shelters, emergency medical departments, and in the street by the welfare services in order to define the characteristics of the homeless populations<sup>2,3</sup>. Many different kinds of people become homeless, leading to a diverse homeless population: children, young, single men, families, and the elderly; this population includes indigent, needy persons and immigrants, people who are unable to deal with the common everyday needs.

Homelessness is an important determinant of health status and has been shown to be associated with an increased risk of either a range of physical illness and chronic diseases (such as cardiovascular diseases and myocardial infarction, stroke, respiratory infections, cerebrovascular diseases, accidents, heart failure, dermatological conditions, infectious diseases, hypertension, diabetes mellitus, trauma) or mental health problems (such as psychotic disorders, depression, affective disorders and dementia) compared to the general population<sup>2-6</sup>.

Homeless individuals of any age are more likely to report a history of sexual abuse, violence, traumatic head injury, pregnancy, human immunodeficiency virus (HIV) and excessive rates of substance (tobacco and alcohol) abuse and drug use<sup>2,5-7</sup>.

Their living conditions (lack of basic hygiene such as inability to wash and change clothes) provide an ideal setting for the spread of lice, fleas, ticks and mites; on the other hand, poor hygiene conditions along with the limited access to health care systems both contribute to the increasing spread of the respective arthropod-borne disease<sup>8</sup>. The combination of chronic medical illnesses and the disparities in care have substantial health and economic consequences. The access to primary health care is lacking. Homelessness, poverty and lower socioeconomic status have been associated with inadequate primary and preventative health care<sup>2,9,10</sup>.

The strategies solutions rely on preventing homelessness and need to be directed to the creation of supportive social, economic and physical environments; these measures include accessible housing, alternative models of appropriate accommodation, public health (earlier detection, intervention and treatment), primary health care programs, access to health and social care services, improvement of shelter food quality, immigration and crime control, organisational change within statutory and voluntary agencies and sustainable long term funding. Implementation of public health interventions among homeless populations is a crucial step for diminishing the risk of diseases either in this high risk group or in the community<sup>2,9,10</sup>.

## Bibliography

1. Burt M.R, Aron L.Y, Lee E, Valente J. Helping America's homeless. Washington, DC: The Urban Institute Press 2001.
2. Edelman C.L, Mandle C.L. Health Promotion throughout the Life Span. Επιμέλεια Ελληνικής Έκδοσης, Μπαμπάτσικου Φ, Πολυχρονόπουλος Ε, Κουτής Χ. Προαγωγή της Υγείας σε όλο το Εύρος της Ζωής. Εκδ. Παρισιάνος Αθήνα 2009 :42-51, 460-462, 579, 623, 635-636.
3. Raoult D, Foucault C, Brouqui P. Infections in the homeless. *Lancet Infect. Dis.* 2001; 1: 77-84.
4. Phelan J.C, Link B.G. Who are the 'homeless'? Reconsidering the stability and composition of the homeless population. *Am. J. Publ. Health* 1999; 89: 1334-1338.
5. Hwang S.W, Windrim P.M, Svoboda T.J, Sullivan W.F. Physician Payment for the Care of Homeless People. *Canadian Medical Association Journal.* 2000; 163(2):170-171.
6. Hwang S.W. Homelessness and health. *CMAJ* 2001;164 (2):229-233.
7. Plumb J. Homelessness: reducing health disparities. *Can Med Assn J.* 2000; 163(2):172-173.
8. Babatsikou F, Zavitsanou A. Homeless: A high risk group for ectoparasites infestation and arthropod-borne diseases. *Review of Clinical Pharmacology and Pharmacokinetics, International Edition.* 2009;23 (2):93-98.
9. Stark L.R. Barriers to health care for homeless people. In: Jahiel RI. Homelessness: a prevention-oriented approach. Baltimore, MD: Johns Hopkins University Press; 1992.
10. Wojtusik L, White M.C. Health status, needs, and health care barriers among the homeless. *J Health Care Poor Underserved* 1998;9(2):140-52.